

Small Animal Surrender Profile

Small Animal Profile

The following questionnaire provides Elmbrook Humane Society (EBHS) with more information about your pet in order to learn more about his/her behavior. Because your pet is likely to behave in similar ways in his/her new home, this information helps us find the most suitable match for your pet. Your open and honest answers are necessary and appreciated. I certify that the information I am about to provide is accurate and truthful to the best of my knowledge.

Owner Information

Name _____ Email Address _____

Address (city, state, zip) _____

Telephone Number _____ Alternate Number _____



Date: _____

Pet and Household Information:

1. Pet's Name _____ 2. Sex Male Female 3. Age Years _____ Months _____

4. Breed _____ 5. How long have you had this pet? Years _____ Months _____

6. Is your pet spayed or neutered? Yes No

8. Where did you acquire this pet?

EBHS Friend/Relative Newspaper/Online Found/stray Breeder Pet Store

Other shelter/rescue _____

Other (please describe) _____

9. Why are you surrendering this pet? _____

10. Including yourself, how many people of the following ages live in your household?

Age Range	Female	Male
0-3yrs		
4-9yrs		
10-17yrs		
18-29yrs		
30-59yrs		
60+yrs		

11. If you checked off children under the age of 10, is your pet tolerant/friendly toward the children?

Yes No (please explain) _____

12. What other animals did your pet live with?

No other animals in the household Dogs Cats Other (please describe) _____

13. If you have other pets in the household, does your pet interact with them?

Yes No (Please explain) _____

Sometimes (Please explain) _____

Typical Behavior/Tendencies:

14. How does your pet usually react when you or another family member do the following to him/her? (Please check boxes)

	Never Tried	Enjoys	Allows	Afraid	Scratches	Bites	None
Bathe							
Brush							
Hold							
Hug							
Pick up							

15. Where does your pet spend most of his/her time?

- Outside
 Inside the house (free roam)
 Inside the house (confined to a cage)
 Other _____

16. If your pet is confined to a cage, what type of cage is it and how big?

17. How does your pet usually behave toward the following? (Please check boxes)

	Never Encounter	Friendly	Afraid	Scratches	Bites	None
People your pet knows						
Men						
Women						
Children						
Unfamiliar People						
Men						
Women						
Children						
Animals your pet knows						
Dogs						
Cats						
Unfamiliar Animals						
Dogs						
Cats						

Please explain the circumstance of the scratch or bite (if applicable). If you checked more than one bite or scratch above, please explain the circumstance of each.

18. Is your pet litter box trained?

Yes No

19. What toys or treats does your pet like?

20. What are your pet's 'bad habits'?

21. What is your pet's best quality? _____

Medical History

22. Does your pet see a veterinarian at least once a year? Yes No

23. If 'yes' please specify the veterinarian name and contact information:

Veterinarian Name _____ Contact Info _____

24. Is your pet current on his/her vaccines? Yes No NA

25. If your pet has ever shown any of the following aggressive behaviors when handled by a veterinarian or groomer please check all that apply.

	Hisses/swats	Scratches	Bites	None
Examine (ears, teeth etc)				
Restrain				
Administer vaccines				
Trim Nails				
Draw Blood				

26. Does your pet have any past or present medical conditions?

Yes (please describe) _____

No

27. Is your pet currently on any medication or special diet?

Yes (please describe) _____

No

28. What type of food does your pet eat? _____

EBHS Representative (initials): _____

